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HOW TO USE HMOX

This booklet is your Evidence of Coverage. It explains what HMOX covers and does not cover. Please read this booklet carefully, including the sections that apply to your special health care needs. Also read your Summary of Benefits [on page XX], which lists co-pays and other fees.

HMOX is *a kind of group health insurance*. *Group health insurance* is insurance that you get through a group, such as an employer. Even if you have belonged to a health plan before, take some time to learn about HMOX. This chapter tells you about:

- How to contact HMOX
- Your membership card
- The HMOX service area
- The HMOX network
- Your primary care doctor and medical group
- Language and communication assistance
- How to get health care when you need it
- Referrals and pre-approval (prior authorization)
- Emergency and urgent care
- Care when you are way from home
- Costs
- If you have a problem

How to Contact HMOX

Our Member Services office is here to help you. Call us if:

- You have a question or a problem.
- You need a new primary care doctor.
- You need to replace your membership card.

HMOX Member Services

Call: [HMOX phone number/TTY/hours]

Write to: [HMOX address]

Visit: [Street address and hours]

Go to: [HMOX website]

Your HMOX Membership Card

Show your card whenever you get health care. [HMOX to add diagram of card]

The HMOX Service Area

HMOX has a service area. This is the area in which HMOX provides health care coverage. You must live or work in one of the zip codes in the service area to become a member of HMOX. [Work is optional for large group plans.] You must receive all health care services within the HMOX service area, unless you need emergency or urgent care. If you move out of the service area [or no longer work there] you must tell HMOX.

The HMOX Network

Our network is all the doctors, hospitals, labs, and other providers that HMOX has contracts with.

- You must get your health care from your primary care doctor and other providers who are in the network. Ask for a *HMOX Provider Directory*. Call [HMOX phone number]
- If you go to providers outside the network, you will have to pay all of the cost, unless you received pre-approval from HMOX *or* you had an emergency *or* you needed urgent care away from home.
- If you are new to HMOX or HMOX ends your provider's contract, you can continue to see your current doctor or other health care provider in some cases. This is called *continuity of care* (see page XX).

Your Primary Care Doctor and Medical Group (see page XX)

When you join HMOX, you need to choose a primary care doctor (also called a primary care physician, or PCP). This doctor provides your basic care and coordinates the care you need from other providers.

Your primary care doctor and most of the specialists you see are usually in the same medical group. A *medical group* is a group of doctors and other providers who have a business together.

Language and Communication Assistance (see page XX)

Good communication with HMOX and with your providers is important. If English is not your first language, HMOX provides interpretation services and translation of certain written materials.

- To ask for language services call HMOX [HMOX number].
- If you are deaf, hard of hearing or have a speech impairment, you may also receive language assistance services by calling HMOX [HMOX number].
- If you have a preferred language, please notify us of your personal language needs by calling [HMOX phone number].

How to Get Health Care When You Need It

Call your primary care doctor first for all your care, unless it is an emergency.

- You usually need a referral and pre-approval to get care from a provider other than your primary care doctor. See the next section.

- The care must be medically necessary for your health. Your doctor and HMOX follow guidelines and policies to decide if the care is medically necessary. If you disagree with HMOX about whether a service you want is medically necessary, you can request an Independent Medical Review. See page XX.
- The care must be a service that HMOX covers. (Covered services are also called *benefits*.) To see what services HMOX covers, see the “Summary of Benefits” on page XX.

Referrals and Pre-approvals (see page XX)

You need a referral from your primary care doctor and pre-approval from HMOX for most services. Pre-approval is also called *prior authorization*.

- Make sure your doctor gives you a referral and gets pre-approval if it is required.
- If you do not have a referral and pre-approval when it is required, you will have to pay all of the cost of the service.

You usually need a referral and pre-approval to:

- See a specialist.
- Get most tests, treatments, and procedures.
- Go to the hospital—unless it is an emergency.
- Get a second opinion about a diagnosis or treatment.
- See a doctor who is not in the HMOX network.

You do **not** need a referral and pre-approval to:

- See your primary care doctor.
- Go to any hospital in an emergency.
- See an OB-GYN in the HMOX network.
- Get urgent care.

Emergency Care (see page XX)

Emergency care is covered anywhere in the world.

- If it is an emergency, call 9-1-1 or go to the nearest hospital.
- If you can, go to a hospital in the HMOX network. If you are admitted to a hospital that is not in the network, you must let HMOX know within 24 hours, or as soon as you can. You may be transferred to a hospital in the HMOX network, if it is safe to do so.
- It is an emergency if you reasonably believe that not getting immediate care could be dangerous to your life or to a part of your body. Emergency care may include care for a bad injury, severe pain, a sudden serious illness, active labor, or an emergency psychiatric condition.

- Go to your primary care doctor for follow-up care after you leave the hospital. Do not go back to the emergency room for follow-up care.

Urgent Care (see page XX)

Urgent care is care that you need soon to prevent a serious health problem. Urgent care is covered anywhere in the world.

- [HMOX to explain how to get urgent care in and out of the service area.]

Care When You Are Away from Home (see page XX)

- Only emergency and urgent care are covered.
- If you are admitted into a hospital because of an emergency, you must let HMOX know within 24 hours, or as soon as you can.
- Special circumstances [HMOX to complete]

Costs (see the “Summary of Benefits” on page XX and “What You Pay” on page XX)

- The **premium** is what you and/or your employer pays each month to HMOX to keep coverage.
- A co-pay (co-payment) is the amount that you must pay each time you see a doctor or get other covered services.
- Co-insurance [if applicable] is the percentage of a health plan’s cost that you must pay each time you see a doctor or get other covered services.
- The yearly deductible [if applicable] is the amount you pay directly to providers for certain services, before HMOX starts to pay.
- The yearly out-of-pocket maximum is the most money you have to pay for most of your health care in HMOX in a year. Some services, such as prescription drugs, may not be included in this maximum.
- After you pay your co-pay [or co-insurance] [if applicable: and you have met your yearly deductible if you have one], HMOX pays the rest of the cost of the service, as long as the service you get is a covered benefit.

If You Have a Problem with HMOX (see page XX)

- If you have a problem with HMOX, you can file a complaint (also called an *appeal* or a *grievance*) with HMOX.
- If you disagree with HMOX’s decision about your complaint, you can get help from the State of California’s Health Plan Help Center. The Health Plan Help Center can help you apply for an Independent Medical Review (IMR) or file a complaint. IMR is a review of your case by doctors who are not part of your health plan.

WHAT YOU PAY

This chapter tells you about your costs in HMOX. The costs you pay may include:

- Premiums
- Co-pays (co-payments)
- Co-insurance [if applicable]
- Yearly deductible [if applicable]
- Yearly out-of-pocket maximum

This chapter also tells you what you need to do if:

- You have to pay for care at the time you get it.
- You have more than one health plan (Coordination of Benefits).

Premiums

A *premium* is the amount that HMOX charges each month for health care. Usually your employer pays part of the premium and you pay the rest.

- The amount you pay is usually taken out of your paycheck each month. If you have questions about your premium, ask your employer. Or call [HMOX phone number].
- If the premium changes, HMOX will let your employer know in writing at least 30 days before the change. Usually, the premium changes only when your employer renews its contract with HMOX.

Co-pays (Co-payments)

A *co-pay* is the amount that you pay each time you see a doctor in the HMOX network or get services. You have to pay a co-pay for most health care services you get.

- You must pay the co-pay when you get the service.
- Different kinds of services may have different co-pay amounts. For example, doctor visits, emergency room visits, and hospital stays have different co-pays.
- The co-pay amounts are listed in the “Summary of Benefits” on page XX.

Co-insurance [if applicable: HMOX to add specifics]

Co-insurance is the percent of the cost of a service that you must pay. Co-insurance rates are listed in the “Summary of Benefits” on page XX.

Yearly Deductible [if applicable]

A yearly deductible is the amount you must pay each year to providers before HMOX starts to pay part of the costs. For example, if your deductible is \$1,000, you must pay all of the cost of

most covered services you get until you have paid \$1,000. Then you pay a co-pay [co-insurance] and HMOX pays the rest of the cost.

[As applicable, HMOX to adapt the following bullets]

- There is also a family deductible. If you are part of a family, and you reach your individual deductible before your family reaches its deductible, then you pay a co-pay [co-insurance if applicable] and HMOX pays the rest of the cost for covered services that apply to the deductible.
- However, other family members must continue to pay until they reach their individual deductibles or the family deductible is met.
- For example, suppose that your individual deductible is \$1,000 and your family deductible is \$2,000. Once you have paid your individual deductible, you will only have to pay your co-pay [co-insurance if applicable] and HMOX will pay the rest for covered services that apply to the deductible.
- The yearly deductible starts on [start date] each year.
- The next [HMOX to add date], the yearly deductible starts over again.
- There is a separate yearly deductible for prescription drugs. [if applicable: if prescription drugs are covered]
- Be sure to keep your receipts or cancelled checks when you pay co-pays [co-insurance if applicable] that apply to the deductible.
- [HMOX to adapt the following if applicable: HMOX will notify your medical group that you have met your deductible]

Costs that do not apply to the yearly deductible:

HMOX covers the following preventive services whether or not you have met your yearly deductible. You only pay the co-pay, if there is one, for these services and HMOX pays the rest of the cost. (Note: Your co-pays for these services are not counted toward meeting your yearly deductible.)

- Preventive checkups for adults and children
- OB-GYN/family planning checkups for women
- Maternity/prenatal care
- Well-baby checkups for children under 2
- Vision and hearing exams for children through age 16
- Immunizations for children
- STD (sexually transmitted diseases/venereal diseases) testing
- Certain preventive lab work
- Health education for diabetes [if covered: *HMOX to add other, such as back care*]
- For more information, see the “Summary of Benefits” on page XX.

Yearly Out-of-Pocket Maximum

The yearly out-of-pocket maximum is the total you have to pay each year for most of your services. Each family member has a yearly out-of-pocket maximum.

There is also a family out-of-pocket-maximum: [As applicable, HMOX to adapt the following bullets]

- If you are part of a family, and you reach your individual maximum before your family reaches its maximum, you do not have to pay any more co-pays [co-insurance if applicable] that year.
- However, other family members must continue to pay until they reach their individual maximum or the family maximum is met.
- For example, suppose that your individual maximum is \$2,000 and your family maximum is \$4,000. Once you have paid out \$2,000 you will not have to pay anything more for covered services that apply to the out-of-pocket maximum for the year. Remember, some covered services do not apply to the out-of-pocket maximum.

You should keep a record of all the co-pay [co-insurance if applicable] amounts you and your family members make, along with the receipts or cancelled checks. Call (HMOX phone #) or go online at (HMOX web site address) for a form for you to keep track of your co-pays [co-insurance if applicable]. When you reach your out-of-pocket maximum you need to mail the form and copies of your receipts or cancelled checks to HMOX at (HMOX address). HMOX will inform your medical group that you do not need to make any more co-pays [co-insurance payments if applicable] for the rest of the year. You must continue to pay co-pays [co-insurance if applicable] for covered services that do not count toward the yearly out-of-pocket maximum.

Costs that count toward the yearly out-of-pocket maximum:

- Your co-pays count toward your yearly out-of-pocket maximum, except for co-pays listed in the next section.
- Your yearly deductible is counted toward your yearly out-of-pocket maximum. [if applicable: if HMOX has yearly deductible]

Costs that do NOT count toward the yearly out-of-pocket maximum:

You must still pay co-pays for the following services after you have reached your maximum:

- Durable medical equipment (DME). However, equipment to manage and treat diabetes or pediatric asthma does count towards your maximum.
- Orthoses and prostheses. However, orthoses for diabetics or prostheses for mastectomy or laryngectomy do count towards your maximum.
- Prescription drugs
- Chiropractic care
- Acupuncture
- [HMOX to list other]

If You Have to Pay for Care at the Time You Receive It (Reimbursement Provisions)

There may be times when you have to pay for your care at the time you receive it. For example, if you get emergency or urgent care from a provider who is not in the HMOX network, you may have to pay for the service at the time you get care.

Ask the provider to bill HMOX directly. If that is not possible, you will have to pay and then ask HMOX to reimburse you (pay you back). HMOX will reimburse you as long as the care you get is a covered service.

How to get reimbursed:

You must ask HMOX to reimburse you.

- We must receive your request no later than [HMOX to specify] days after you get the services, unless you show that you could not reasonably file your request within this time period.
- You must include a copy of the bill and a receipt for your payment.
- Send your request to: [HMOX to add address.]
- You still have to pay the normal co-pay for the care you received.
- You still have to pay your yearly deductible before HMOX starts to pay.

Explanation of Benefits [If applicable: HMOX to describe the Explanation of Benefits form and the claim process]

If You Have More Than One Health Plan (Coordination of Benefits)

Some people have more than one health plan or health insurance policy. If you do, HMOX must coordinate your benefits with your other policy. Contact HMOX and your other policy before you receive services to let each plan know about the other.

- You must tell your doctors and other health care providers about any other health plan you or members of your family have.
- The total amount paid by all of the plans together will never be more than the total cost of the services.
- You still need to follow each plan's policies for using network providers and getting referrals and pre-approvals.

SEEING A DOCTOR AND OTHER PROVIDERS

HMOX has a network that includes many doctors and other health care providers. Your primary care doctor coordinates most of your care. Your primary care doctor will refer you to specialists and other providers.

This chapter tells you about:

- Your choice of doctors and providers
- Language and communication assistance
- Choosing a primary care doctor
- Referrals and pre-approval (prior authorization)
- Getting a second opinion
- Keeping a doctor, hospital, or other provider you go to now (continuity of care)

Your Choice of Doctors and Providers—Your HMOX *Provider Directory*

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

The *HMOX Provider Directory* lists all the doctors and other providers in the HMOX network. It also lists hospitals, clinics, skilled nursing facilities, and other facilities and pharmacies [if applicable] in the network.

- You must get all of your care from the providers in the HMOX network, unless you get emergency or urgent care or HMOX pre-approves a visit to a provider who is not in our network.
- The *HMOX Provider Directory* is updated [HMOX to specify number] times each year.
- HMOX makes sure that there are always enough providers in the network, so you can get the care you need.
- To get the latest *HMOX Provider Directory*, call Member Services at [HMOX to add phone number] or go to [HMOX to add website].

Language and Communication Assistance (see page XX)

Good communication with HMOX and with your providers is important. If English is not your first language, HMOX provides interpretation services and translation of certain written materials.

- To ask for language services call HMOX [HMOX number].
- If you are deaf, hard of hearing or have a speech impairment, you may also receive language assistance services by calling HMOX [HMOX number].
- If you have a preferred language, please notify us of your personal language needs by calling [HMOX phone number].

Choosing a Primary Care Doctor

Your primary care doctor gives you your basic care and coordinates the care you need from other providers. When you join HMOX, you need to choose a primary care doctor (also called a primary care physician, or PCP). This doctor provides your basic care and coordinates the care you need from other providers.

- When you need to see a specialist or get tests, your primary care doctor gives you a referral.
- When you need care, call your primary care doctor first—unless it is an emergency.
- Most doctors belong to medical groups. If your primary care doctor cannot see you, someone else in your doctor's medical group will see you.
- Each family member must have a primary care doctor. Each family member can choose a different doctor.
- If you do not choose a primary care doctor, HMOX will choose one for you. You can change your doctor if you want.

Your primary care doctor can be:

- A **doctor of internal medicine** (for adults 18 years and older)
- A **family practice doctor** (for adults and children of all ages)
- A **pediatrician** (for children up to age 18)
- An **OB-GYN** (for women)

Tips: Selecting a primary care doctor: [HMOX to complete]

- Look for a primary care doctor you feel comfortable with and can talk to about all of your health concerns. Think of your doctor as your partner in your health care.
- Look for a doctor who speaks your language or provides interpretation services.
- Look for a doctor who is easy to get to from your home or office.
- Ask friends for the names of primary care doctors they like.
- Call the office to make sure the doctor you want is taking new patients.

How to change your primary care doctor:

To change your doctor, call [HMOX to add phone number].

- Give the doctor's name and say why you want to change doctors.
- Say which doctor you want. Or ask Member Services to choose a new doctor for you.
- If you ask for a new doctor before the 15th of the month, you usually can start seeing your new doctor on the first day of the next month. For example, if you ask for a new

doctor on July 10, you may start seeing your new doctor on August 1. But if you ask for a new doctor on July 18, you will not start seeing your new doctor until September 1.

- If you wish to change doctors sooner, HMOX must approve it. Please call [HMOX to add phone number].

Referrals and Pre-approvals (Prior Authorization)

- To see a specialist or another provider, you usually need a referral from your primary care doctor and pre-approval from HMOX.
- If you do not get the required referral and pre-approval and you get the service or treatment, you will have to pay all of the cost.

The pre-approval process:

Your primary care doctor usually asks HMOX for pre-approval. The care you want must be a covered benefit, and it must be necessary for your health. HMOX uses medical guidelines and policies to decide whether to approve or deny a referral. (if applicable: Your doctor's Medical Group may conduct the approval for HMOX.)

- It can take up to 5 business days to get pre-approval, depending on your medical condition and the treatment you need.
- If your health problem is urgent, HMOX may take up to 3 days (72 hours) to decide, depending on your medical condition and the treatment you need.
- HMOX will tell your provider what we decide within 24 hours after making a decision. HMOX will send you and your provider a letter within 2 business days after HMOX has decided whether to approve or deny your request.
- Sometimes more information or other tests are needed before HMOX can make a decision. HMOX will tell your provider as soon as we know that more information or tests are needed. We will tell your provider no later than 5 business days after we receive the request for pre-approval (or within 3 days if your health problem is urgent).

Your primary care doctor makes a referral:

- Your doctor may give you a written referral, or may fax the referral directly to the other provider. Your doctor will give you the name and phone number of the specialist or other provider you will see.
- If your doctor gives you the written referral, you should bring it to your first appointment. [HMOX to add specifics]

You do NOT need a referral or pre-approval to:

- See your primary care doctor.
- See an OB-GYN in the HMOX network for preventive health care services. This includes maternity/prenatal care as well as cancer screening tests such as pap tests and mammograms.

- See an eye doctor in the HMOX network once a year for a vision exam, if you are under age 17.
- Get emergency or urgent care. See “Emergency Care” on page XX and “Urgent Care” on page XX.
- [HMOX to add other]

Standing referrals:

A *standing referral* is a referral that allows you to see a specialist or go to a specialty care center without getting a new referral from your primary care doctor each time. It may be for a certain period of time and a specific number of visits.

- You may need a standing referral if you have a disabling condition or a serious condition that is getting worse or threatens your life, such as a heart condition or AIDS.
- Before HMOX will pre-approve a standing referral, your primary care doctor, the specialist, and HMOX must agree that you need it.
- If you have AIDS, you can get a standing referral to a doctor who specializes in AIDS.

Getting a Second Opinion

You may ask for a second opinion from another doctor about a condition that your doctor diagnoses or about a treatment that your doctor recommends. Below are some reasons you may want to ask for a second opinion:

- You have questions about a surgery or treatment your doctor recommends.
- You have questions about a diagnosis for a serious chronic medical condition.
- There is disagreement regarding your diagnosis or test results.
- Your health is not improving with your current treatment plan.
- Your doctor is unable to diagnose your problem.

How to request a second opinion:

You must have pre-approval from HMOX [or your medical group] to get a second opinion.

- You can ask for a second opinion from another primary care doctor in your doctor’s medical group or from any specialist in the HMOX network.
- Your request for a second opinion must be pre-approved by HMOX. The section called “The pre-approval process” on page XX explains how to get pre-approval.

Keeping a Doctor, Hospital, or Other Provider You Go to Now (Continuity of Care)

You may have to find a new provider when you join HMOX if the provider you have now is not in the network. Or, you may have to find a new provider if you are already a member of HMOX and your provider's contract with HMOX ends.

However, in some cases, you may be able to keep going to the same provider to complete a treatment or to have treatment that was already scheduled.

- This is called *Continuity of Care*.
- You can keep your provider **only** if you have certain health problems or conditions.
- To keep a provider, you must call [HMOX to add phone number] to ask for Continuity of Care. Your provider must agree to keep you as a patient. The provider must also agree to HMOX's usual terms and conditions for contracting providers.
- For more information about whether you may request Continuity of Care, or to obtain a copy of the HMOX Continuity of Care policy, call [HMOX to add phone number].
- If you are new to HMOX, you may not be eligible for Continuity of Care with your provider if:
 - You were offered a health plan (such as a PPO) where you can see out-of-network providers, or
 - You had the option to continue with your previous health plan or provider and you voluntarily chose to change to HMOX.
- The following chart explains when you may be able to keep a provider.

Keeping Your Doctor, Hospital, or Other Provider	
Type of problem or condition	How long you may be able to stay with the provider, starting from the date that: <ul style="list-style-type: none">• You join HMOX <i>or</i>• HMOX ends its contract with the provider
Acute condition (such as pneumonia)	As long as the condition lasts
Serious chronic condition (such as severe diabetes or heart disease)	Until you complete a course of treatment, or for up to 12 months
Pregnancy	During pregnancy and immediately after delivery (postpartum period)
Terminal illness	As long as the person lives
Care of a child under 3 years	For up to 12 months
Surgery or another procedure (such as colonoscopy) that is already scheduled	180 days

YOUR BENEFITS

This section tells you about the health care benefits, also called services, that HMOX covers. It also tells you what you need to do before you get care.

- **For most services, you must get a referral from your doctor. For many services, you also need pre-approval from HMOX.**
- **Make sure that your doctor gets a referral and pre-approval from HMOX for services that require them.** If you do **not** have the required referral and pre-approval, you will have to pay all of the cost of the doctor visit, test, or treatment.

Benefits discussed in this chapter:	
<ol style="list-style-type: none"> 1. Preventive care 2. Emergency care 3. Urgent care 4. Ambulance service (emergency medical transport) 5. Specialist care 6. Hospital care 7. Surgery <ul style="list-style-type: none"> • Outpatient and inpatient surgery • Transplant surgery • Reconstructive surgery • Breast surgery and breast reconstruction 8. Blood transfusions and blood products 9. Maternity care 10. Family planning 11. Mental health care [may offer for diagnoses other than parity] 12. Home health care 13. Skilled nursing facility 14. Hospice care 15. Lab tests, diagnostic tests, X-rays, and cancer screenings 16. Chemotherapy and radiation 17. Prescription drugs [may offer] 18. Rehabilitative (speech, physical, and occupational) therapy 	<ol style="list-style-type: none"> 19. Cardiac and pulmonary therapy 20. Medical supplies, equipment, and DME <ul style="list-style-type: none"> • Diabetes supplies • Asthma supplies for children [if rx is selected] • Other medical supplies [may offer] • Orthoses [must offer]: other than diabetes] • Prostheses [must offer]: other than mastectomy/ laryngectomy] • Durable medical equipment [may offer] 21. Cancer clinical trials 22. Experimental and investigational treatments 23. Genetic testing [must offer for high risk pregnancy] 24. Alcohol and drug abuse treatment [must offer] 25. Allergy treatment 26. Alternative and complementary treatments [may offer] 27. Dental anesthesia 28. Dialysis 29. Hearing tests 30. PKU formula and food products 31. TMJ care 32. Vision tests 33. Weight loss

1. Preventive Care

HMOX covers periodic checkups and care to prevent problems.

- You do not need a referral from your doctor or pre-approval from HMOX for most of these services.
- You can make an appointment for these services any time you think you need care.

HMOX covers these services:

- Office visits to your primary care doctor.
- Preventive checkups and periodic screenings.
- Well-baby visits for children up to age 2. These are regular visits to check your baby's health and development.
- Well-woman visits. These are visits to an OB-GYN for pap tests, HPV (human papillomavirus) tests, mammograms, and other approved tests. Pap and HPV tests are tests for cervical cancer.
- Maternity/prenatal care (see "Maternity Care" on page XX for more information).
- Immunizations for children.
- Vision and hearing exams for children through age 16.
- HMOX health education classes

HMOX does **not** cover these services:

- Exams that you need only to get work, go to school, play a sport, or get a license or professional certification.
- Services that are ordered for you by a court, unless they are medically necessary and covered by HMOX.

[Example of useful information that HMOX may want to provide and keep updated]	
Make sure your family gets the checkups and screening tests they need.	
Checkups	When to get them
Newborn screening	Screening before your baby is 7 days old
Well-baby visits	Well-baby visits at 2 to 4 weeks and at 2, 4, 6, 9, 12, 15, and 18 months
Children's checkups	Annual checkups at 2, 3, 4, 5, and 6 years, and then every other year, at 8, 10, 12, 14, 16, and 18 years
Adult checkups	Ask your doctor how often you need a checkup and what tests and screenings you should have.
Tests and Screenings	
Lead	First test by age 1 to 2; then [HMOX to complete]
Vision	First test before age 5; then [HMOX to complete]
Hearing	Test at birth; then [HMOX to complete]
Blood pressure	Ask your doctor.
Blood sugar (diabetes)	Ask your doctor. High blood pressure and high cholesterol increase your chance of having high blood sugar.
Bone density	Bone density testing starting at age 65, and younger if you weigh less than 155 pounds or are at risk for fractures. Ask your doctor.
Cholesterol	Cholesterol test every 5 years, starting at age 35 for men and age 45 for women. If you have other risk factors for heart disease, ask your doctor how often you should be tested.
Colorectal cancer test	Colorectal cancer screening starting at age 50; younger if you are at risk. Ask your doctor.
Mammogram (breast cancer test)	Every 1 to 2 years, starting at age 40
Pap test (cervical cancer test)	Pap test at least every 3 years, more often if you have had more than one sexual partner, a sexually transmitted disease (STD), or an abnormal Pap test result. Ask your doctor.
Prostate cancer test and exam	Ask your doctor.
Tuberculosis	Ask your doctor.

Source: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, May 2003 and October 2004

[Example of useful information that HMOX may want to provide and keep updated]

Make sure your family gets the shots and vaccines they need.

- Ask your doctor to give you a list of the shots your family needs and when to get them.
- The shots your family needs may change. To get a current list, call [HMOX to add phone number].

Shots and Immunizations	When to get them
Hepatitis B	First shot at birth, then at 1 to 4 months and at 6 to 18 months. Adults: ask your doctor if you are at risk.
Diphtheria, tetanus, pertussis (DTaP)	First shot at 2 months, then at 4, 6, and 15 to 18 months, and at 4 to 6 years
Tetanus and diphtheria	Shot at 11 to 12 years; then every 10 years
Influenza (<i>Haemophilus Influenzae Type B</i>)	First shot at 2 months, then at 4 months, at 6 months if needed, and at 12 to 15 months
Flu	Shot every year after age 50, or younger if you are at risk. Ask your doctor.
Polio	First shot at 2 months, then at 4 months, at 6 to 18 months, and at 4 to 6 years
Measles, mumps, rubella	First shot at 12 to 15 months, then at 4 to 6 years. Adult women born after 1956 and able to become pregnant should have a shot at least once if they did not have the shot as a child.
Chicken pox (<i>Varicella</i>)	Shot at 12 to 18 months
Pneumonia (<i>Pneumococcal disease: PCV vaccine</i>)	First shot at 2 months, then at 4, 6, and 12 to 15 months
Pneumonia (<i>Pneumococcal disease: PPV vaccine</i>)	One shot at age 65, or younger if you are at risk. Ask your doctor.
Hepatitis A	This shot is recommended for children at risk. Ask your doctor.
HPV	Ask your doctor.

Source: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, May 2003 and October 2004

2. Emergency Care

Emergency care is care that you need right away.

- HMOX covers emergency care anywhere in the world.
- It is an emergency if you reasonably believe that not getting immediate care could be dangerous to your life or a part of your body.
- Emergencies may include a bad injury, severe pain, a sudden serious illness, active labor, or emergency psychiatric conditions.

What to do in an emergency:

- In an emergency, call 9-1-1, or go to the nearest Emergency Room.
- If you can, go to the Emergency Room at a hospital that is in the HMOX network.
- If you cannot get to a hospital in the HMOX network, go to the nearest Emergency Room.
- If you are admitted to the hospital, let HMOX know within 24 hours, or as soon as possible.
- Always show your HMOX membership card when you get emergency care.

If you go to a hospital that is **not** in the HMOX network:

- Emergency care is covered at any hospital, no matter where you are.
- If you are admitted to the hospital from the Emergency Room and the hospital is not in the HMOX network, we may move you to a hospital in our network as soon as you can safely be moved.

What you pay for emergency care:

- If you go to the Emergency Room, you will have a co-pay. See the “Summary of Benefits” on page XX.
- If you are admitted to the hospital from the Emergency Room, you will not have to pay the Emergency Room co-pay. But you will have to pay a co-pay [if applicable co-insurance or deductible] for the hospital admission.
- If HMOX decides that in your case a reasonable person would not seek emergency care, you will have to pay all of the cost. If you disagree with HMOX, you can file a complaint. See “If You Have a Problem with HMOX” on page XX.

How to get follow-up care after an emergency:

- Call your primary care doctor for follow-up care. If you need to see a specialist for follow-up care, your primary care doctor will give you a referral.
- **Do not** go back to the Emergency Room for follow-up care. If you get follow-up care from the Emergency Room, you will have to pay all of the cost.

- **Do not** get follow-up care from a doctor who is not in the HMOX network unless you have pre-approval from HMOX. If you do not have the required pre-approval from HMOX, you will have to pay all of the cost.

3. Urgent Care

Urgent care is care that you need soon to prevent a serious health problem.

- HMOX covers urgent care anywhere you are in the world.
- Your membership card [does/does not] tells you what to do if you need urgent care.
- [HMOX to add specifics]

How to get urgent care within the HMOX service area:

- [HMOX to add detail about how to get care: e.g. If you cannot reach your doctor, go to one of the following urgent care centers.]

How to get urgent care outside the HMOX service area:

- [HMOX to add detail about how to get care]
- Always show your HMOX membership card when you get urgent care.
- The doctor or urgent care center may bill HMOX for the cost. Or they may ask you to pay the bill. If you pay the bill, you must ask HMOX to reimburse you. You will have to pay the regular co-pay for urgent care. See “If You Have to Pay for Care at the Time You Get It” on page XX.
- If HMOX decides that you did not need urgent care, you will have to pay all of the cost. If you disagree with HMOX, you can file a complaint. See “If You Have a Problem with HMOX” on page XX.

How to get follow-up care after urgent care:

- Call your primary care doctor for follow-up care. If you need to see a specialist for follow-up care, your primary care doctor will give you a referral.
- **Do not** get follow-up care from a doctor who is not in the HMOX network unless you have pre-approval from HMOX. If you do not have the required pre-approval from HMOX, you will have to pay all of the cost.

4. Ambulance Service (Emergency Medical Transport)

HMOX pays for an ambulance:

- When you call 9-1-1 because you reasonably believe that you are having an emergency and need ambulance transportation.
- Or when a doctor in the HMOX network says you need an ambulance and HMOX pre-approves it.

5. Specialist Care

A *specialist* is a doctor or other health care provider who has extra training in one or more areas of medicine. For example, a dermatologist is a specialist who treats skin problems, and a cardiologist is a specialist who treats heart conditions.

HMOX covers care from specialists:

- You must need care that your primary care doctor is not qualified to give you, and
- You usually need a referral from your primary care doctor and pre-approval from HMOX.
- If you have an ongoing condition, such as a heart problem or AIDS, you may be able to get a standing referral. See page XX.

6. Hospital Care

HMOX covers care in the hospital. This is called *inpatient care* if it includes an overnight stay.

- You must get pre-approval from HMOX for all hospital care, unless you are admitted to the hospital directly from the Emergency Room.
- You must use a hospital in the HMOX network, unless you have an emergency or your doctor gets pre-approval from HMOX for you to go to another hospital.
- [HMOX to specify other requirements regarding tiered hospitals, networks, or other preferred contractual arrangements]

Your hospital co-pay [if applicable - co-insurance or deductible] covers these services received in the hospital:

- The services of doctors, including surgeons, specialists, and anesthesiologists
- Nursing care
- Treatment while you are in the hospital
- Prescription drugs, blood transfusions, and medical supplies
- Lab tests, X-rays, and diagnostic tests
- Therapy, including radiation, cardiac, pulmonary, speech, occupational, and physical therapy
- A semiprivate room
- To find out what your hospital co-pay is, see the “Summary of Benefits” on page XX.

HMOX does **not** cover:

- [HMOX to specify services that are not covered]

[Example of useful tips such as HMOX may want to provide]

TIPS: Before You Go to the Hospital

- Make sure the hospital is in the network.
- Make sure you have pre-approval from HMOX.
- Ask HMOX what your co-pay [co-insurance if applicable] will be.
- Ask your doctor who will oversee your care while you are in the hospital.
- If you are having surgery, you will usually meet with the surgeon before the surgery.
- Ask what to expect during and after your surgery or treatment.
- Ask how long you will be in the hospital.
- Ask if you will need any special care when you go home from the hospital.
- Ask to meet with the discharge planner. This person can help you arrange for care you may need after your hospital stay.
- Fill out an Advance Health Care Directive. This form tells HMOX, your doctor, and your family and friends the kind of care you want if you are not able to speak for yourself.

7. Surgery

HMOX covers both outpatient surgery and inpatient surgery.

- **Outpatient surgery** is surgery that is done in a doctor's office, an outpatient surgery center, or a hospital. You do not stay overnight in a hospital.
- **Inpatient surgery** is surgery that is done at a hospital where you stay overnight. The cost of the surgery, anesthesia, operating room, and recovery room are usually included in the hospital co-payment. See the "Summary of Benefits" on page XX.
- You need pre-approval from HMOX before you have outpatient or inpatient surgery.

Transplant surgery:

HMOX covers transplants of organs, tissue, and body parts.

- The transplant must be done at a center that is approved by HMOX.
- HMOX covers your medical and surgical costs when you are the person receiving the transplant (the recipient).

- HMOX covers the medical and surgical costs of the person who is giving the organ, tissue, or body part (the donor), if the donor is a member of HMOX or if the donor's costs are not covered by a health plan.

Reconstructive surgery:

HMOX covers surgery to correct or repair a body part or body function that has been damaged by injury, trauma, tumor, birth defect, infection, or disease.

- The purpose of the surgery must be to improve function (the way a part of the body works) or to create as normal an appearance as possible.
- HMOX does **not** cover surgery to improve an already normal appearance (cosmetic surgery).
- HMOX does **not** cover surgery to change your sex (transgender surgery).

Breast surgery (mastectomy and lymph node dissection) and breast reconstruction:

HMOX covers surgery to remove cancer from a breast. This includes:

- Surgery to remove one or more lymph nodes (lymph node dissection).
- Surgery to remove a breast (mastectomy) when the cancer has spread.
- Therapy to treat complications from a mastectomy or lymph node dissection.

After a mastectomy, HMOX covers surgery to:

- Insert a breast implant.
- Reconstruct a nipple.
- Reconstruct a healthy breast to give a more normal appearance.

HMOX does **not** cover:

- Surgery to make breasts larger or smaller, unless it is medically necessary.

8. Blood Transfusions and Blood Products

HMOX covers blood transfusions and blood products that you need:

- During surgery, or
- To treat a medical condition.

9. Maternity Care

Maternity care is care during pregnancy and during and right after delivery.

HMOX covers these services during pregnancy:

- Prenatal visits with an OB-GYN or nurse practitioner. Ask for a schedule of visits and tests.
- Blood tests for low iron, diabetes, and other problems in the mother
- Prenatal testing for genetic disorders if the fetus is at risk, [must offer]
- Prenatal testing. This includes participation in the Expanded Alpha Feto Protein Program. This is a statewide prenatal testing program. For more information, call [HMOX to list phone number].

HMOX covers these hospital and follow-up care services:

- Nursing and doctor care in the delivery room
- Hospital care for you and your newborn
 - Up to 2 days (48 hours) in the hospital if you have a vaginal delivery and up to 4 days (96 hours) if you have a cesarean section (C-section)
 - You cannot be sent home earlier unless both you and your doctor agree.
 - If your doctor says you need a longer stay, your doctor must get pre-approval from HMOX.
- Delivery at any hospital Emergency Room. Go to the hospital your doctor uses if you can. Otherwise, go to the nearest Emergency Room.
- Follow-up care after delivery
 - You will be offered a follow-up visit with your doctor within 48 hours after you leave the hospital.
 - If you go home early, you and your doctor will decide if the visit will be at home or in a doctor's office.

HMOX does **not** cover:

- Delivery at home (home birth)
- Genetic testing for disorders when there is no medical reason to test
- Testing to determine the father of a baby (paternity testing)

10. Family Planning

Family planning is care to help you prevent pregnancy or become pregnant. HMOX covers these family planning services:

- Examinations and counseling
- Prescription contraceptives, including birth control pills and emergency contraception, [must provide full range of medically necessary drugs w/prescription drug benefit] .
- Intrauterine devices (IUDs)
- Infertility services [must offer, list services if applicable]

HMOX does **not** cover:

- In-vitro fertilization

For help finding family planning services:

- Call [HMOX to add phone number].
- Please note: Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call the health plan at (HMOX phone number) to ensure that you can obtain the health care services that you need.

11. Mental Health Care [may offer for diagnoses other than parity]

HMOX provides care for certain severe mental illnesses for members of any age and for serious emotional disturbances of children. [may offer: HMOX also provides limited care for other mental health problems.]

- Mental health care is provided by XX. If contracted to another plan, HMOX to add contact information and information about benefits.]
- If you are a new member of HMOX, you may be able to keep your current mental health provider for a limited time while we help you safely transfer to a provider in the HMOX network. See page XX.

Care for severe mental illnesses:

HMOX covers evaluation, testing, and treatment for certain severe mental illnesses in adults and children, and serious emotional disturbances of a child.

- You must have a referral from your doctor and pre-approval from HMOX to get care, unless it is an emergency. [HMOX to add detail]
- Costs and coverage for services for these conditions are the same as the costs and coverage for services for other medical conditions. HMOX covers:
 - Outpatient care
 - Inpatient care
 - Partial hospitalization [HMOX to explain]
 - Prescription drugs [must provide full range of medically necessary drugs w/prescription drug benefit]
- California law states that the following severe mental illnesses must be covered:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia or bulimia
- Serious emotional disturbances of a child

Other mental health care: [may offer]

HMOX covers limited care for mental health conditions or problems that are not on the list above of severe mental illnesses.

- You must have a referral from your doctor and pre-approval from HMOX. [HMOX to add detail]
- These are the limits on care:
 - Up to XX outpatient visits in a year.
 - Up to XX group counseling sessions in a year.
 - Up to XX days in a hospital or other mental health facility in a year.

HMOX **does not** cover:

- Testing or treatment for personal growth.
- Marriage counseling

12. Home Health Care

Home health care is care you receive in your home for a medical condition. HMOX covers home health care services when:

- You cannot leave home to get care, and
- HMOX determines that your home is the best place for you to get care.
- You must have a referral from your doctor and pre-approval from HMOX.

HMOX covers visits by a nurse, licensed vocational nurse, or home health aide under the supervision of a nurse. These visits may include:

- Physical, occupational, or speech therapy
- Management of intravenous medications and nutrition

- [HMOX to list other services, such as care of wounds and incisions, dialysis care, and ostomy care]

HMOX does **not** cover:

- Meals, childcare, housekeeping services, and services and supplies for your personal comfort, except for hospice services below.

13. Skilled Nursing Facility

A *skilled nursing facility* (SNF) has registered nurses who help provide 24-hour care. A licensed physician supervises each patient's care.

HMOX covers care in a skilled nursing facility:

- [HMOX to give details]
- You must have a referral from your doctor and pre-approval from HMOX.
- You must need skilled nursing care, not just custodial care. Custodial care is help with daily activities such as eating, dressing, and bathing.

14. Hospice Care

Hospice care is care to keep you comfortable in the last weeks and months of your life. Your care must be given by a hospice agency that is licensed by the state and approved by HMOX.

HMOX covers hospice care:

- You must have an illness that you will not recover from and your doctor thinks you have less than one year to live.
- You must sign a statement that says you want hospice care. You can change (revoke) the statement and return to regular care at any time.
- Your doctor must set up a plan for your care and oversee your care.
- You must have pre-approval from HMOX.

HMOX covers these hospice services:

- Care by a team of health care professionals that includes your doctor, a surgeon, a registered nurse, and a social worker. They work as a team with the patient, the family, and, if desired, a spiritual caregiver.
- A plan of treatment and care
- Medications to control pain and symptoms
- Skilled nursing services

- Visits by a home health aide to provide personal care as part of your treatment plan
- Homemaker services to help keep your environment safe and healthy
- Services of a volunteer under the direction of a hospice staff member.
- Physical, occupational, respiratory, and speech therapy
- Medical social services and counseling services from a social worker
- Counseling on death and grief for you and your family
- Inpatient care for a short time to control pain or other symptoms
- Respite care for the main caregiver. This is inpatient care for the patient for no more than 5 days at a time when needed.

15. Lab Tests, Diagnostic Tests, X-rays, and Cancer Screenings

Your doctor must order all tests and X-rays.

- You may need pre-approval from HMOX. Ask your doctor if you need pre-approval.
- You do not need pre-approval for cancer screening tests through your OB/GYN or preventive checkups.

HMOX covers these tests and screenings when your doctor orders them:

- Lab tests, including testing for STDs (sexually transmitted diseases) and HIV
- Pregnancy tests
- X-rays
- Cancer screenings, including: mammograms, pap tests, HPV screening, rectal exams, tests for blood in the feces, flexible sigmoidoscopy, and colonoscopy
- Other tests that have been approved by the FDA (Food and Drug Administration) to diagnose a problem, including:
 - Tests to diagnose and manage osteoporosis (weak bones), including bone mass measurement and other approved tests
 - EKGs (electrocardiograms) and other tests to detect heart problems
 - MRI, CAT, and PET scans
 - [HMOX to add other tests and screenings]

HMOX does **not** cover these tests and screenings:

- Lab tests, X-rays, or screenings that you need only to get work, to get a license or professional certification, or to go to school or play a sport
- Tests or screenings that are experimental or investigational. However, see Experimental and Investigative Treatments on page XX for more information.

16. Chemotherapy and Radiation

Chemotherapy and *radiation* are treatments for cancer and some other diseases. HMOX covers chemotherapy and radiation based on your medical need.

17. Prescription Drugs [may offer]

HMOX covers the following. You must have a prescription from your doctor.

- Drugs that are medically necessary for your health
- Syringes and needles you need to administer/take the drugs
- Most of the drugs will be on the HMOX formulary (see below). However, just because a drug is on the formulary does not mean it will be prescribed for you. It must be medically necessary for your health.
- The formulary may be reviewed and changed (X) times a year. If you have been taking a formulary drug and HMOX removes it from the formulary, you may request approval from HMOX to continue to receive the drug. See below.

You need pre-approval from HMOX for some drugs:

- HMOX must pre-approve:
 - All drugs that are not on the formulary.
 - Certain drugs that are on the formulary.
 - Off-label use of drugs. This is when a drug is used in a way that has not been approved by the FDA (Food and Drug Administration).
- It can take up to 5 business days to get pre-approval, depending on your medical condition. If your condition is urgent, HMOX will give or deny approval in up to 3 days, depending on your medical condition. See “Referrals and Pre-Approvals” on page XX.
- If HMOX does not approve the drug, you can file a complaint. See “If You Have a Problem with HMOX” on page XX.

The HMOX formulary:

The *formulary* is a list of preferred drugs. HMOX and your doctor usually prescribe drugs that are on this list.

- If you want to know if a specific drug is on the formulary, you can call [HMOX phone number] or view the formulary online at [HMOX website].
- The formulary has [HMOX to specify number of levels, if any] levels of drugs with different costs. For costs, see the “Summary of Benefits” on page XX.
 - Generic drugs. A generic drug is no longer owned and patented by one company. It has the same active ingredients as the brand-name drug.
 - Brand-name drugs. These have a higher co-pay/co-insurance than generic drugs.

- Drugs that are not on the formulary are usually brand-name drugs and will have a higher co-pay/co-insurance than brand-name drugs that are on the formulary.
- If you go to a pharmacy and their price for a prescription drug is less than your HMO co-pay, you will pay the price charged by the pharmacy.
- A committee of qualified doctors and other experts decide which drugs will be on the formulary. The formulary is reviewed [HMOX to say how many times] times a year.

HMOX pharmacies: [HMOX to modify]

- You can go to any pharmacy that is in the HMOX network. You can order up to a 30-day supply of the drug as prescribed. You pay a co-pay or co-insurance. Call [member services phone number] or go online at [web site address] to see which pharmacies are in the network.
- You can order most drugs from HMOX's mail order pharmacy. Call [phone number]. Usually, you must order a 90-day supply of the drug. You pay a co-pay or co-insurance. Using mail-order for maintenance drugs is often less expensive and more convenient.

HMOX does **NOT** cover these drugs:

- Drugs that you can buy without a prescription (over-the-counter drugs).
- Drugs that you need only to shorten a common cold.
- Replacement of drugs that are lost or stolen.
- Drugs prescribed for cosmetic use only.
- Drugs prescribed only to treat hair loss, sexual dysfunction, or athletic performance.
- Drugs prescribed to treat mental performance, unless you have been diagnosed with a mental illness or a condition that affects your memory, such as Alzheimer's disease.
- Drugs to help you stop smoking, unless you are enrolled in a stop-smoking program covered by HMOX while you are taking the drugs, or you completed a stop-smoking program covered by HMOX before you started to take the drugs.[If HMOX does not cover such a program, delete exclusion]
- Drugs prescribed only for weight loss except if medically necessary due to morbid obesity.

18. Rehabilitative (Speech, Physical, and Occupational) Therapy

Rehabilitative therapy is therapy to help make a part of your body work as normally as possible.

- HMOX covers medically necessary physical, occupational, and speech therapy. For example, if you cannot speak because of a stroke, HMOX covers speech therapy to help you learn to talk again.
- You must have a referral from your doctor and pre-approval from HMOX.

HMOX does **not** cover:

- Sex therapy.
- Dance therapy.
- Sleep therapy.
- Recreational therapy.

19. Cardiac and Pulmonary Therapy

Cardiac therapy is therapy to help make your heart work better, and pulmonary therapy is therapy to help make your lungs work better.

HMOX covers cardiac and pulmonary therapy:

- You must need cardiac or pulmonary therapy because of a disease or medical condition.
- You must have a referral from your doctor and pre-approval from HMOX.

20. Medical Supplies, Equipment, and DME (Durable Medical Equipment)

Diabetic supplies, equipment, and services:

HMOX covers these supplies, equipment, and services when needed to control and treat diabetes:

- Insulin and glucagon
- Test strips and blood glucose monitors, including special monitors for people who have vision problems
- Lancets and lancet puncture devices
- Insulin pumps
- Pen delivery systems for taking insulin
- Insulin syringes
- Ketone strips for testing urine
- Visual aids, except eyeglasses, to help people with vision problems take the proper dose of insulin
- Footwear (orthosis) to prevent or treat foot problems related to diabetes
- HMOX also covers training to correctly use diabetes supplies and equipment
- For more information, call [HMOX to add phone number].

Asthma supplies and equipment for children [must cover if RX is covered]:

HMOX covers the following asthma supplies and equipment for children:

- Nebulizers, including face masks and tubing
- Inhaler spacers
- Peak flow meters
- Training to learn how to use these supplies and equipment

Other supplies and equipment: [may offer]

HMOX covers these other supplies when they are medically necessary for your health:

- [HMOX to list supplies]

HMOX does **not** cover:

- [HMOX to list limitations and exclusions]
- Supplies and equipment that you can buy without a prescription, except diabetic supplies and pediatric asthma supplies.

Orthoses: [may offer]

Orthoses are devices that are custom-made for the individual to support or assist movement of the spine or limbs.

- HMOX will cover the original and replacement of an orthosis, if it is medically necessary.
- You must have an order from your doctor and pre-approval from HMOX.
- HMOX will cover foot orthoses for diabetes.
- [Must offer: HMOX to specify other orthoses as offered by employer.] HMOX covers orthoses when they are medically necessary because of an accident, a defective body part, disfigurement, or a developmental disability.
- For more information, call [HMOX to add phone number].

HMOX does **not** cover:

- [HMOX to list limitations and exclusions]
- The cost to replace orthoses that you damage or lose.
- Routine foot care, such as treatment for corns and calluses.

Prostheses: [must offer]

A *prosthesis* is an artificial body part, such as an artificial leg or hand, that helps you look or function as normally as possible.

- HMOX will cover the original and replacement of a prosthesis, if medically necessary.
- You must have an order from your doctor and pre-approval from HMOX.

- HMOX covers an artificial breast or breast reconstruction after a mastectomy.
- HMOX covers an artificial voice box to restore speaking after a laryngectomy (surgery to your voice box).
- [HMOX to specify other prostheses.]
- For more information, call [HMOX to add phone number].

HMOX does **not** cover:

- [HMOX to list limitations and exclusions]

DME (medical equipment): [may offer]

Durable medical equipment is medical equipment that is not disposable. It includes equipment such as crutches, hospital beds, standard wheelchairs, and oxygen equipment.

HMOX covers DME that is medically necessary.

- You must have an order from your doctor and pre-approval from HMOX.
- HMOX will decide whether to buy or rent the equipment for you.
- HMOX will decide whether to replace or repair equipment that wears out.
- HMOX does not pay to replace durable medical equipment that you damage or lose.
- For more information about what equipment and supplies are covered, call [HMOX to add phone number].

HMOX does **not** cover:

- [HMOX to list limitations and exclusions]
- Equipment that you can buy without a prescription, except diabetic and pediatric asthma equipment.

21. Cancer Clinical Trials

Cancer clinical trials are studies of new drugs or other cancer treatments.

- HMOX covers routine patient care costs for cancer clinical trials.
- You pay your usual co-pays and deductibles. See the “Summary of Benefits” on pages XX.

To take part in a cancer clinical trial:

- You must be diagnosed with cancer.
- Your doctor must say that taking part in the trial could help you.
- You must have pre-approval from HMOX.

HMOX **does not** cover:

- Services that are not health care services, such as travel or housing costs.
- Services that are only for the purpose of collecting information for research and are not needed for your health care. For example, the trial may require extra tests; if the tests are not needed for your health care, HMOX will not cover the cost of them.
- Services that are normally provided for free by the sponsor of a clinical trial.

22. Experimental and Investigational Treatments

An *experimental* or *investigational* treatment is a treatment that is not currently accepted as standard health care practice.

- **In general**, HMOX does not cover experimental or investigational treatments. If you request a treatment and HMOX decides that the treatment is experimental or investigational, we will send you a denial letter within 5 days of your request.
- **However**, you may have the right to an Independent Medical Review (IMR) of HMOX's denial. If the review is decided in your favor, HMOX must cover the treatment you want.
 - The treatment you want must be for a life-threatening or seriously debilitating condition.
 - You do not have to file a complaint with HMOX before you apply for an IMR.
 - The California Department of Managed Health Care (DMHC) oversees the IMR.
 - The IMR takes 30 days from the time DMHC receives your application and supporting documentation.
 - If your need for the treatment is urgent, ask DMHC for an expedited review. The IMR will take up to 7 days.

To apply for an IMR contact the DMHC's Health Plan Help Center:

- Call: **1-888-HMO-2219 (1-888-466-2219)**
- Staff are available 24-hours-a-day, every day, and can help you in many languages.
- There is no charge to call.
- Go to: www.hmohelp.ca.gov. The website has Independent Medical Review and complaint forms and instructions.

23. Genetic Testing [must offer for high risk pregnancy]

HMOX covers these services:

- Prenatal testing for genetic disorders when the fetus is at high risk [must offer].
- Other genetic testing when it is medically necessary

HMOX does not cover genetic testing when:

- There is no family history of a genetic defect or problem.
- There is no medical indication of a genetic problem.
- There is no medical reason for genetic testing.

24. Alcohol and Drug Abuse Treatment [must offer]

Alcohol and drug abuse services include detox treatment and programs to help a person stop using alcohol, tobacco, or drugs.

HMOX covers:

- Detox care to treat acute drug or alcohol poisoning.
- Limited care to help you stop using drugs or alcohol. [HMOX to add details]

HMOX **does not** cover:

- [HMOX to list limitations and exclusions]

25. Allergy Treatment

- HMOX covers allergy tests and treatments from your primary care doctor or a specialist.
- You may pay one co-pay for the doctor visit and another co-pay for the injection.

26. Alternative and Complementary Treatments [may offer]

Alternative and complementary treatments include chiropractic care, acupuncture, acupressure, biofeedback, and similar treatments.

HMOX covers chiropractic care and acupuncture:

- [HMOX to include a summary of the benefit: number of visits, coverage of supplies, exclusions and limitations, and references]
- Care is provided by [HMOX to specify]. For more information, call [HMOX to add phone number].

HMOX **does not** cover:

- Acupressure
- Biofeedback

27. Dental Anesthesia

HMOX covers anesthesia for dental care **only** if:

- You have a disability or condition that requires that a dental procedure be done in a hospital or outpatient surgery center, or
- You are developmentally disabled, or
- You are in poor health and have a medical need for general anesthesia, or
- You are under 7 years old.
- You must get pre-approval from HMOX.

28. Dialysis

Dialysis is treatment to help the kidneys work.

HMOX covers dialysis when:

- Your kidneys stop working (acute renal failure), or
- You have end-stage renal disease. [HMO to address Medicare]

29. Hearing Tests

HMOX covers hearing exams through 16 years of age. You do not need a referral or pre-approval, but you must see a provider in the HMOX network.

HMOX **does not** cover:

- Hearing aids
- Batteries for hearing aids

30. PKU Formula and PKU Food Products

Infants born with PKU (phenylketonuria) require treatment with special formula and food products.

HMOX covers formula and food products for people with PKU when:

- The cost is more than the cost of a normal diet.
- You have a prescription from your doctor and pre-approval from HMOX.
- For more information, call [HMOX to add phone number].

31. TMJ Care

TMJ (temporomandibular joint disease) is a condition in which the jaw is in the wrong position or the bones in the upper or lower jaw have not developed correctly.

HMOX covers surgery to treat TMJ.

HMOX does **not** cover any of the following, even if they are related to TMJ:

- Routine dental care, such as fillings, inlays, and crowns
- Specialized dental care, such as root canal or bridge work
- Dentures

32. Vision Tests

HMOX covers:

- Eye exams once a year, through 16 years of age. A referral or pre-approval is not necessary, but you must see a provider in the HMOX network.
- Surgery to treat medical conditions in the eye, such as cataracts.
- Intraocular lenses after cataract surgery.

HMOX **does not** cover:

- Eyeglasses
- Contact lenses
- Surgery to allow you to see without glasses (Lasik surgery)

33. Weight Loss

HMOX covers weight loss (bariatric) surgery if HMOX determines that you are morbidly obese.

- [HMOX to describe details and exceptions]

GENERAL EXCLUSIONS AND LIMITATIONS

[HMOX to complete this section. However, if an exclusion or limitation applies to a specific benefit, the exclusion or limitation should be listed in the section of the previous chapter that describes that benefit.]

Exclusions and limitations are services and expenses that HMOX does NOT cover. The exclusions and limitations for each kind of benefit are also listed under the benefit in the chapter “Your Benefits” on page XX.

See page XX for exclusions and limitations regarding Prescription Drugs.

This chapter tells you about:

- General exclusions and limitations
- Experimental and investigational treatments

General Exclusions and Limitations

HMOX will not cover:

- Care you get from a doctor who is not in the HMOX network, unless you have pre-approval from HMOX, or you need urgent care and are outside the HMOX service area.
- Care you get in a hospital that is not in the HMOX network, unless it is an emergency or you have pre-approval from HMOX.
- Care that is not medically necessary.
- Exams that you need only to get work, go to school, play a sport, or get a license or professional certification.
- Services that are ordered for you by a court, unless they are medically necessary and covered by HMOX.
- The cost of copying your medical records. (This cost is usually a small fee per page)
- Expenses for travel, such as taxis and bus fare, to see a doctor or get health care.
- [HMOX to insert any additional general exclusions/limitations]

Experimental and Investigational Treatments

An *experimental* or *investigational* treatment is a treatment that is not currently accepted as standard health care practice.

- **In general**, HMOX does not cover experimental or investigational treatments.
- **However**, you may have the right to an Independent Medical Review (IMR) of HMOX’s denial. If the IMR is decided in your favor, HMOX must cover the treatment you want.
- For more information, see page XX.

ENROLLING IN HMOX AND ADDING DEPENDENTS

Your HMOX coverage is a group health plan you get through your employer.

This chapter tells you about:

- When you can join HMOX
- Who can be on your health plan (who can be your dependent)
- Adding new dependents
- Additional times you and your dependents can join HMOX
- [if applicable] Limitations on coverage if you have a medical condition when you join HMOX (pre-existing conditions)
- Renewal of coverage (renewal provisions)

When You Can Join HMOX

As an employee you can enroll yourself and your dependents:

- At the end of any waiting period your employer requires.
- Once each year during the Open Enrollment period.
- Other special times during the year. See “Special Times You and Your Dependents Can Join HMOX” on page XX.
- If you do not enroll yourself and your dependents when you first qualify for health benefits, you may have to wait until the next Open Enrollment period to join.

Who Can Be on Your Health Plan (Who Can Be Your Dependent)

You can enroll the following family members on your health plan. They are called your *dependents*. Talk to your employer to find out how much it costs to add dependents to your health plan.

- **Your spouse**
- **Your domestic partner.** You must file a Declaration of Domestic Partnership with the Secretary of State.
- **Unmarried children:** your own or those of your spouse or domestic partner
 - The children must be under the age of [HMOX to specify]. They may be your natural children, legally adopted children, or stepchildren.
 - Children can be covered up to age [HMOX to specify] if they are full-time students at an accredited college, university, trade school, or professional school.
 - A disabled child can be covered past age [HMOX to specify] if the child is unable to work, because of a physically or mentally disabling injury, illness, or condition. You must be the main source of support and maintenance of the child.

- At least 90 days before coverage will end for a disabled child, [HMOX] will send you a written notice. You must show proof of disability and support within 60 days after you receive this notice. HMOX will tell you if the child can continue to be covered. You may be asked to show proof again once a year, starting two years after the child reaches [HMOX specify age].
- HMOX may also request proof if you are enrolling a disabled child for new coverage. You must provide the requested information within 60 days of the request. The child must have been covered as a dependent of you or your spouse under a previous health plan at the time the child reached age [HMOX to specify]. You may be asked to show proof again no more than once a year.

Adding New Dependents

You can add the following new dependents any time during the year:

- **A spouse.** If you marry, you can put your spouse on your health plan.
 - HMOX must receive a completed enrollment form within 30 days of the date of your marriage.
 - Ask your employer when benefits for your spouse will begin. It will be either on the date of your marriage or the first day of the month following the date HMOX receives the completed enrollment form.
- **A domestic partner.** If you enter a domestic partnership, you can enroll your domestic partner on your health plan.
 - HMOX must receive a completed enrollment form within 30 days of the date you file a Declaration of Domestic Partnership with the Secretary of State, or within 30 days after you form the partnership according to your employer's rules.
 - Ask your employer when benefits for your domestic partner will begin. It will be either on the date your Declaration of Domestic Partnership is filed or the first day of the month following the date HMOX receives the completed enrollment form.
- **A newborn child.** Your newborn child is covered on your health plan for the first 30 days after birth.
 - To keep your newborn on your health plan, HMOX must receive a completed enrollment form within 30 days after the birth.
 - If you miss this deadline, your newborn will not have health benefits after the first 30 days.
- **An adopted child.** A child that you and your spouse or domestic partner adopt is covered on your health plan for the first 30 days after the adoption is complete.
 - To keep your adopted child on your health plan, HMOX must receive a completed enrollment form within 30 days after the adoption.
 - If you miss this deadline, your adopted child will not have health benefits after the first 30 days.

- [if applicable] **A stepchild.** You may put a child of your spouse or domestic partner on your health plan.
 - You must complete an enrollment form and send it to HMOX within 30 days after the date of your marriage or your Declaration of Domestic Partnership with your stepchild's parent.
 - Ask your employer when benefits for your stepchild will begin. It is either on the date of your marriage or domestic partnership or the first day of the month following the date HMOX receives the completed enrollment form.

Special Times You and Your Dependents Can Join HMOX

You can enroll in HMOX in these situations:

- When HMOX cannot produce a form showing that you said you did not want to enroll because you had other health care coverage.
- When you did not enroll in HMOX before because:
 - You had Cal-COBRA or COBRA, and now the coverage has ended.
 - You had Healthy Families or Medi-Cal with no share-of-cost, and now you no longer qualify for it.
 - You were covered by another group health plan, and now that coverage has ended.
- When a court orders that you cover a current spouse or a minor child on your health plan.

How to apply at these additional times:

- HMOX must receive a completed enrollment form from you within 30 days of that date on which you no longer have coverage.
- Your coverage will be in effect the first day of the month following receipt of the completed enrollment application.

Limitations on Coverage If You Have a Medical Condition When You Join HMOX (Pre-existing Condition) [if applicable]

A medical condition for which you have received medical advice, a diagnosis, or treatment before you joined HMOX is called a *pre-existing condition*. You must wait up to 6 months to get coverage for care for a pre-existing condition.

- If you had a health plan before you joined HMOX, you may not have to wait the full 6 months. The health coverage you had before is called your creditable coverage. Call HMOX at [HMOX to add phone number] to find out when benefits for a pre-existing condition will start.
- You do not have to wait 6 months for:
 - Services relating to pregnancy or maternity care.
 - Coverage of a newborn if you applied for coverage within 30 days of birth.
 - Coverage for an adopted child under age 18 who had creditable coverage.

Renewal provisions [HMOX to complete]

Your HMOX coverage is subject to all the terms agreed to between HMOX and your employer.
This agreement is renewed [HMOX to state frequency/date].

HMOX may change your health plan benefits or premium at the time your employer renews its contract with HMOX, as allowed by law. If this happens, you will receive notice through your employer at least 30 days before the change takes effect.

WHEN YOUR HMOX HEALTH COVERAGE ENDS [TERMINATION OF BENEFITS]

Your health coverage with HMOX can end for several reasons. If this happens, you may be able to continue your health coverage. See “Continuing Health Coverage” on page XX

This chapter tells you about:

- Why your HMOX health coverage can end
- When a dependent no longer qualifies as a dependent
- If you are totally disabled when your health coverage ends

Why Your HMOX Health Coverage Can End

HMOX cannot end your health benefits because of your health needs or medical condition. But HMOX can end (terminate) your health coverage for one of the reasons below.

Your job ends or you no longer work enough hours to be on your employer’s plan:

- Your health benefits end at midnight on [HMOX insert date].
- Coverage for your dependents also ends.

You move outside the HMOX service area: [large group plans]

You no longer live or work in the HMOX service area: [small group plans]

- Your health benefits end at midnight on [HMOX insert date].
- Coverage for your dependents also ends.

Your employer no longer offers HMOX, or stops offering any health plan:

- Your health benefits with HMOX end at midnight on [HMOX insert date].
- Coverage for your dependents also ends.

You or your employer does not pay the premium:

- HMOX will send a notice to your employer saying that the premium is overdue.
- The full amount that is due must be paid within 15 days of the date on the notice.
- If the premium is not paid by the due date, your health benefits end at midnight on the 15th day after the notice was sent to the employer.
- [HMOX to enter specific information on reinstatement provisions.]

You do one of the following:

- You act in a way that threatens the safety of HMOX's employees, health care providers, or other patients. If this happens, HMOX will send you a notice saying that your health benefits will end at midnight on the date the notice is mailed to you.
- You repeatedly act in a way that makes it very hard for HMOX or our health care providers to provide services to you or to other patients. If this happens, HMOX will send you a notice saying that your health benefits will end at midnight on the 15th day following the date the notice is mailed to you.
- You commit fraud. This means that you intentionally deceive HMOX, or you misrepresent yourself or allow someone else to do so in order to get health care services. If this happens, HMOX will send you a notice saying that your health benefits will end on the date HMOX mails the notice.

If you think HMOX should NOT have ended (terminated) your benefits:

HMOX cannot end your health benefits because of your health needs or medical condition.

If you think that HMOX wrongly ended your benefits, you can file a complaint with the State of California Health Plan Help Center at 1-888-HMO-2219.

When a Dependent No Longer Qualifies As a Dependent

You must tell HMOX and your employer as soon as a family member no longer qualifies as a dependent on your health plan. Family members may no longer qualify as dependents in the following situations:

- **You** and your spouse get a divorce or a legal separation.
- **You** legally end your domestic partnership.
- **Your children** stop qualifying as your dependents.
 - When they turn [HMOX to specify age], or [HMOX to specify age] if they are full-time students.
 - When they marry.
 - When they are [HMOX to specify age] or older and no longer have a physical or mental handicap that prevents them from working, or you are no longer supporting them.

If You Are Totally Disabled When Your Health Coverage Ends

If you are getting care for a medical condition that makes you totally disabled, HMOX will cover care for that condition for a limited time. HMOX will not cover care for any other illness or medical condition.

You can continue to get care for this medical condition until:

- You are no longer totally disabled, or
- You enroll in a new health plan that will cover your disability, or
- 12 months after your HMOX coverage ends, whichever happens first.

INDIVIDUAL CONTINUATION OF HEALTH COVERAGE (COBRA, CAL-COBRA, CONVERSION COVERAGE, AND HIPAA)

U.S. and California laws protect your right and your dependents' right to continue your health coverage under certain circumstances or qualifying events. This is called *continuation health coverage* or *continuation of benefits*.

California law requires that we include the following statement about continuation health coverage:

Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium or you could be denied coverage entirely.

This chapter tells you about:

- Understanding your choices
- Your Certificate of Creditable Coverage
- The four kinds of continuation health coverage:
 - COBRA
 - Cal-COBRA
 - Conversion Coverage
 - HIPAA

Understanding Your Choices

Look at all of your choices carefully before you decide what to do.

- You may be able to buy continuation coverage with HMOX. You cannot be denied continuation coverage because of your medical history.

or

- You can buy an individual health insurance on your own. If you do this, the insurance company usually reviews your medical history. You may be charged a higher premium or you may be denied health benefits entirely if you have a medical condition now or are likely to develop one.

or

- You can decide not to buy any health coverage. In this case, you will have to pay all of the cost of any health care you need. This can be thousands of dollars.

If you choose continuation health coverage:

- You have to pay all the premiums.

- You cannot be refused coverage because of your medical history.
- After you use up one kind of continuation coverage, you may be eligible for another kind. This is explained below.
- There are deadlines and other requirements that you have to meet to buy each kind of continuation coverage. Call [HMOX to add phone number] for more information.

Certificate of Creditable Coverage

When you leave HMOX, HMOX will send you a letter that says how long you were in HMOX.

- This is called a Certificate of Creditable Coverage.
- Be sure to keep this letter. You may need it if you get health benefits through another employer or if you buy a conversion plan or a HIPAA plan.

COBRA

For more information on COBRA, call the Federal Employee Benefits Security Administration (EBSA), toll-free, at 1-866-444-3272.

- COBRA is a U.S. law that applies to employers who have 20 or more employees in their group health plan.
- COBRA may allow you and your dependents to keep HMOX coverage for up to 18 or 36 months, depending on the qualifying event and other circumstances. If you are no longer eligible for COBRA after 18 months, you may be able to keep your benefits through Cal-COBRA. See below.
- Each qualified person may independently elect/enroll in COBRA coverage. A parent or legal guardian may elect COBRA for a minor child.
- With COBRA, you have the same benefits as current employees in HMOX.
- You have to pay all of the monthly premium.

Comment [KS1]: Keep word 'qualify' in this case?

Important deadlines for electing/enrolling in COBRA with HMOX:

It is important to meet the following deadlines. If you do not, you lose your right to COBRA coverage.

1. **Notification of qualifying event:**
 - Employers must notify [HMOX/plan administrator] within 30 days after the following qualifying events:
 - The employee's job ends
 - The employee's hours of employment are reduced

- The employee becomes eligible to receive Medicare benefits
 - The employee dies
- You or your dependent must notify [HMOX/employer] in writing within 60 days after any of the following qualifying events:
 - The employee divorces or legally separates
 - A child or other dependent no longer qualifies as a dependent under plan rules
- 2. **Election notice:** Generally, you must be sent an election notice not later than 14 days after [HMOX/plan administrator] receives notice that a qualifying event has occurred.
- 3. **Election period:** You have 60 days to notify [HMOX/plan administrator] in writing that you want to elect/enroll in COBRA coverage. The 60 days starts on the later of the following two dates:
 - The date you receive the election notice.
 - The date your coverage ended.
- 4. **Premium payment:** You must pay the premiums for your COBRA coverage. HMOX must receive your first premium within 45 days after you enroll in COBRA. This first premium covers the time from the date your coverage ended because of the qualifying event up to the day you signed up for COBRA. You must then pay a monthly premium as long as you stay on COBRA.

If your COBRA is ending, you may be able to elect/enroll in Cal-COBRA:

When your 18 months of COBRA ends, you may be able to keep HMOX coverage for up to 18 more months under Cal-COBRA. If you were on COBRA for 36 months, you cannot get Cal-COBRA for any additional period of time.

- [Your employer/HMOX] should send you an enrollment form. Or you can call [HMOX to add phone number] and ask for information.
- You must fill out the enrollment form, send it to HMOX, and pay your premium no more than 30 days after you receive the enrollment form.

You will lose COBRA if:

- You do not pay your premiums on time.
- You move outside the HMOX service area.
- Your former employer no longer offers any health plan.
- You become eligible for Medicare.
- You sign up for another health plan. (However, if your new plan has a waiting period for pre-existing conditions and you have not used up all of your COBRA, you can keep COBRA until the waiting period is over.)
- You commit fraud, which means that you intentionally deceive HMOX or you misrepresent yourself or allow someone else to do so in order to get health care services.

Cal-COBRA

Cal-COBRA is a California law that applies to employers who have between 2 and 19 employees in their group health plan.

- Cal-COBRA may allow you, your dependents, and former dependents to keep HMOX coverage for up to 36 months.
- You have the same benefits as current employees in HMOX.
- You have to pay all of the monthly premium.

Important deadlines for electing/enrolling in Cal-COBRA with HMOX:

It is important to meet the following deadlines. If you do not, you lose your right to Cal-COBRA coverage.

1. Notification of qualifying event:

- Employers must notify [HMOX/plan administrator] within 30 days after the following qualifying events:
 - The employee's job ends
 - The employee's hours of employment are reduced
- You or your dependent must notify [HMOX/employer] in writing within 60 days after any of the following qualifying events:
 - The employee dies
 - The employee divorces or legally separates
 - A child or other dependent no longer qualifies as a dependent under plan rules
 - The employee becomes eligible to receive Medicare benefits

2. Election notice: Generally, you must be sent an election notice not later than 14 days after [HMOX/ plan administrator] receives notice that a qualifying event has occurred.

3. Election period: You have 60 days to notify HMOX in writing that you want to elect/enroll in Cal-COBRA continuation coverage. The 60 days starts on the later of the following two dates:

- The date you receive the election notice.
- The date your coverage ended.

4. Premium payment: You must pay the premiums for your Cal-COBRA coverage. HMOX must receive your first premium within 45 days after you enroll in Cal-COBRA. This first premium covers the time from the date your coverage ended because of the qualifying event up to the day you signed up for Cal-COBRA. You must then pay a monthly premium as long as you stay on Cal-COBRA.

If your former employer stops offering HMOX when you are on Cal-COBRA:

- You can elect/enroll in Cal-COBRA with the new health plan offered by your employer.
- You must enroll and pay your first premium with the new health plan no more than 30 days after you receive notice that HMOX plan is no longer being offered. If you do not meet this deadline, your Cal-COBRA benefits end.

You will lose Cal-COBRA if:

- You do not pay your premiums on time.
- You move outside the HMOX service area.
- Your former employer no longer offers any health plan.
- You sign up for or become eligible for Medicare.
- You sign up for another health plan. (However, if your new plan has a waiting period for pre-existing conditions and you have not used up all of your Cal-COBRA, you can keep your Cal-COBRA until the waiting period is over.)
- You commit fraud, which means that you intentionally deceive HMOX or you misrepresent yourself or allow someone else to do so in order to get health care services.

Conversion Coverage

When you no longer have your employer's group health coverage with HMOX, you may be able to buy a conversion plan with HMOX.

- You may not have the same benefits or the same premiums that you had with your employer's group health coverage.
- You should compare the benefits and premiums in a conversion plan with the benefits and premiums in a HIPAA plan, if you are eligible for one. (See "HIPAA Coverage" on page XX.)
- You will pay all the premium.
- You can put your spouse and your currently enrolled dependent children on your conversion plan if you enroll them at the same time that you enroll.
- For more information about conversion coverage, call [HMOX to add phone number]. Or go to the website of California's Department of Managed Health Care, at www.dmhc.ca.gov.

You are eligible for a conversion plan if:

- Your last health coverage was group health coverage through your employer. You must have had this group coverage for at least 3 months, with no break or gap in your coverage during these 3 months.
- You must use up all of the COBRA and/or Cal-COBRA that you were eligible for.

You are not eligible for a conversion plan if:

- You did not pay your premiums under your employer's health plan.
- Your group health plan is self-insured.
- Your employer replaces HMOX with another health plan with similar coverage within 15 days of when your HMOX coverage ends.
- You have an individual health plan with similar benefits.
- You are eligible for or covered by other health benefits, such as Medicare or another group health plan.
- You commit fraud, which means that you intentionally deceive HMOX or you misrepresent yourself or allow someone else to do so in order to get health care services.
- HMOX terminated you for good cause [HMOX to specify].

How to apply for a conversion plan:

- [Your employer] will send you a notice that says that you are eligible for a conversion plan. They must send you this notice within 15 days after your group health plan with HMOX ends.
- HMOX must receive your application and your first premium payment within 63 days after your group plan with HMOX ends.

HIPAA Coverage

HIPAA is a U.S. law that allows you to buy individual health coverage when your group health coverage ends.

- If you are eligible for HIPAA, you can choose to buy HIPAA instead of conversion coverage.
- You may not have the same benefits or premiums you had with your group health plan. You should compare the benefits and the premiums in a HIPAA plan with the benefits and premiums in a conversion plan.

- You can buy a HIPAA plan from any health plan that sells individual health plans.
- California law limits how much a HIPAA plan can charge you for premiums.
- You cannot be denied HIPAA coverage because of a pre-existing medical condition. There is no waiting period or limit on benefits for a pre-existing condition.
- You cannot include your dependents on your HIPAA plan. However, they can buy HIPAA coverage on their own if they are eligible.
- For more information, call [HMOX to add phone number]. Or visit www.hmohelp.ca.gov.

You are eligible for a HIPAA plan if:

- Your last health coverage was group coverage. (COBRA and Cal-COBRA are group coverage).
- You had the group health coverage for the last 18 months, without a gap longer than 63 days.
- You have used up all of the COBRA or Cal-COBRA that you were eligible for.

You are not eligible for a HIPAA plan if:

- Your most recent health plan ended because you did not pay your premiums.
- Your health plan ended because you committed fraud.
- You already have health insurance.
- You are eligible for Medicare, Medi-Cal, or a group health plan.

How to apply for a HIPAA plan:

- You must apply for a HIPAA plan within 63 days after your previous health coverage ends.
- For more information about HIPAA plans in California, go to the website of California's Department of Managed Health Care, at www.dmhc.ca.gov.

IF YOU HAVE A PROBLEM WITH HMOX

HMOX is committed to meeting the needs of our members. Our Member Services staff is available to answer questions and help you get the health care you need. If you have a problem with HMOX, you have the right to file a complaint. A complaint is also called a grievance or an appeal.

This section tells you what you can do if you have a complaint with HMOX:

- File a complaint with HMOX
- If you still need help, contact the State of California Health Plan Help Center.
- Independent Medical Review (IMR)
- Binding arbitration

File a Complaint with HMOX

You have a right to file a complaint with HMOX if you have any problem related to care or service. A complaint is also called a grievance or an appeal.

Here are some examples of when you can file a complaint with HMOX:

- You have been denied a service, treatment, or medicine.
- You have been denied a referral.
- HMOX cancels your health benefits.
- HMOX does not reimburse you for a covered service that you paid for and received.
- HMOX does not pay for emergency room care you needed.
- You cannot get an appointment as soon as you need it.
- You think you received poor care or service.

[Beginning of proposed revision of Knox Keene disclosure, Section 1368.02]

If you have a problem with HMOX, you have the right to file a complaint. A complaint is also called a grievance or an appeal.

First, file your complaint with HMOX Member Services

- If your problem is urgent HMOX must give you a decision within 3 days. An urgent problem is an immediate and serious threat to your health.
- If your problem is not urgent, HMOX must give you a decision within 30 days.
- You must file your complaint within 6 months after the incident or action that is the cause of your problem with HMOX.

How to contact HMOX Member Services:

Call: [HMOX phone number]
Website: [HMOX website]

If you still need help, contact California's Health Plan Help Center:

The Health Plan Help Center is part of the Department of Managed Health Care (DMHC). The DMHC protects the rights of HMO members.

- If you do not agree with HMOX's decision, or you do not receive the decision within the required time, you can take your problem to the Health Plan Help Center. See the contact information below.
- The Health Plan Help Center will look at your case and decide if you qualify for an Independent Medical Review (see "Independent Medical Review (IMR) below).
- If you do not qualify for an Independent Medical Review, the Health Plan Help Center will review your case as a complaint against your health plan.
- If your problem is urgent, you can call the Health Plan Help Center at any time.

How to contact the Health Plan Help Center:

- Call: 1-888-466-2219
- Website: www.hmohelp.ca.gov. The website has Independent Medical Review and complaint forms and instructions.
- Staff are available 24-hours-a-day, every day, in many languages, to help you solve problems with your health plan. There is no charge to call.

Independent Medical Review (IMR)

IMR is a review of your case by one or more doctors who are not part of your health plan. You do not pay anything for an IMR. If the IMR is decided in your favor, HMOX must give you the service or treatment you requested.

You may qualify for an IMR if HMOX does one of the following:

- Denies, changes, or delays a service or treatment because HMOX determines it is not medically necessary.
- Denies an experimental or investigational treatment for a serious condition.
- Will not pay for emergency or urgent care that you already received.

[Ending of disclosure]

More information about IMR:

- If HMOX denies a treatment because it is experimental or investigational, you can apply for an IMR right away. You do not have to file a complaint with HMOX first.
- In all other cases, you have to file a complaint with HMOX first and wait for HMOX's decision.
- You must apply for an IMR within 6 months after HMOX sends you a decision about your complaint, unless you had a good reason for the delay.
- If you decide not to participate in the IMR process, you may be giving up your right, as stated in California law, to take other legal action against HMOX regarding the service or treatment you are requesting.

California law requires that we include the following statement:

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at (**HMOX phone number**) and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> <<http://www.hmohelp.ca.gov>> has complaint forms, IMR application forms and instructions online.

Binding Arbitration

If you cannot solve your problem through the complaint processes listed above, you can ask for binding arbitration (see below). Binding arbitration is the final step you can take to resolve your complaint with HMOX.

When you became a member of HMOX, you agreed to submit all unresolved complaints to binding arbitration, including complaints about medical malpractice. This means that you have agreed to give up your right to a trial by jury and other legal proceedings.

- Arbitration is usually less expensive and takes less time than a lawsuit.
- Arbitration can be requested by either the HMOX or the HMOX member.

Definition of binding arbitration:

Arbitration is a way to solve disputes, disagreements, or problems without filing a formal lawsuit.

- One or more people, called arbitrators, who are not connected with you or with HMOX make the final decision on your case.
- Together, you and HMOX choose and approve the arbitrator(s).
- The arbitrator(s) review the case and then write a decision, called an *opinion*.
- Both you and HMOX must accept (be bound by) the decision of the arbitrators.

How to request arbitration:

Send a written request (also called a *demand*) for arbitration to:

[HMOX to add address]

Attention: Arbitration Requests

Address

City State, Zip

Paying for arbitration:

Attorney(s) fees: You must pay your own attorney's fees, if you choose to have an attorney. HMOX pays its attorney's fees.

Arbitrator(s) fees: You and HMOX share equally the fees and expenses of the arbitrator(s). If you cannot pay your part of the arbitrator's fees and expenses, you may ask HMOX to pay. Write to HMOX Member Services and ask for a hardship application. HMOX will send your application to an independent organization or person to decide if HMOX should pay for some or all of your part of the arbitrator's fees and expenses.

YOUR RIGHTS AND RESPONSIBILITIES AS A MEMBER OF HMOX

As a member of HMOX you have rights and responsibilities. Each member has the same rights and responsibilities.

Your Rights

You have the right to be treated equally:

HMOX and our providers cannot discriminate against you based on your:

- Age, sex, race, skin color, religion, or sexual orientation.
- The country you or your ancestors came from.
- Marital status (married, divorced, single, or in a domestic partnership).
- Health care needs and how often you use services.
- History as a victim of domestic violence.

You have the right to informed consent:

Informed consent means that before you agree to a treatment or procedure, you understand:

- What the treatment or procedure is.
- The possible risks and benefits of the treatment or procedure.
- Other treatments or procedures that exist and what their risks and benefits are.
- What you can expect if you choose not to have the treatment or procedure.

You have the right to refuse or accept a treatment or procedure:

The only exception to this right is when it is an emergency and there is not time to get your informed consent without risking your health.

You have the right to have a copy of your medical records:

- It takes a few days to get the copy, and you may be charged for the copying.
- To get a copy of your medical records, call your doctor's office or call [HMOX to add phone number and specifics]

You have the right to keep your medical records private:

You can ask HMOX to send you a statement that describes our policies and procedures for keeping medical records private and confidential. Call [HMOX to add phone number].

A STATEMENT DESCRIBING [HMOX OR “OUR”] POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

You have the right to have an Advance Health Care Directive:

An Advance Health Care Directive is a form you fill out to tell HMOX, your doctor, family, and friends about the health care you want if you can no longer make decisions for yourself.

- It explains the types of treatment you want or do not want.
- It allows you to name a person to be your health care agent. This person can be a spouse, family member, friend, or other person you choose. This person can make decisions for you if you can no longer make them for yourself. Your rights as a member of HMOX apply to your health care agent.

To make an Advance Health Care Directive:

- Fill out an Advance Care Health Directive form. Take time to think about what kind of treatment you do or do not want.
 - Many organizations provide simple forms that you can use to make your Advance Health Care Directive.
 - To get a form, call HMOX [HMOX to add phone number] or call [HMOX may want to include the following: the state Attorney General’s office at 1-800-952-5225 / Family Caregiver Alliance at 1-800-445-8106 / California Hospital Association at 1-800-494-2001].
 - You can hire a lawyer to make your directive, if you wish.
- Sign the form and have two other people sign it. Or take it to a Notary Public to witness your signature.
- Keep the original in a safe place. Give copies to your doctor and to your health care agent.
- Talk with your doctor and agent, as well as with family and close friends, to make sure they understand your wishes and will follow them.

You have the right to get information about how HMOX does business:

HMOX may use bonuses and other financial incentives when paying our doctors and other providers. You have the right to request information about these practices. Call [HMOX to add phone number].

You have the right to take part in making HMOX's public policy:

HMOX has a public policy committee. This committee includes providers, members, and a member of the Board of Directors. If you would like to be considered for this committee, please write to [HMOX to add address].

- This committee advises the Board of Directors about how to assure the comfort, convenience, and dignity of our members.
- The committee may also review HMOX's financial information and information about the complaints we receive.

Your Responsibilities

It is your responsibility to:

- Choose a primary care physician.
- Get referrals and pre-approvals when you need them.
- Pay your premium, co-pays, and [if applicable: yearly deductible].
- Give your doctors and other providers all the information you can to help them decide on your care.
- Keep your medical appointments; and if you need to cancel an appointment, to let the office know ahead of time and schedule a new appointment.
- Show respect to your providers, to the HMOX staff, and to other members.
- Let HMOX know if your address or employment changes.
- Let HMOX know if there are any changes in the status of any of your dependents.

USEFUL TERMS

[The following is a list of some terms used in this EOC. These could be listed in a Useful Terms chapter, or they could be listed in the index only.]

Advance Health Care Directive:

Appeal:

Benefits:

Binding arbitration:

Cal-COBRA:

Certificate of creditable coverage:

COBRA:

Complaint:

Conversion coverage:

Co-insurance:

Co-pay (co-payment):

Covered service (benefits):

Deductible:

Dependent:

Diagnosis:

DME (durable medical equipment):

Domestic partner:

Drug formulary:

Emergency:

FDA (Food and Drug Administration):

Generic drug:

Grievance:

Group health plan:

Health care provider:

HIPAA:

HMO:

Health Plan Help Center:

Independent Medical Review (IMR):

Inpatient care:

Medical group:

Network:
Open enrollment:
Outpatient:
Pre-approval:
Premium:
Primary care doctor:
Pre-existing condition:
Provider:
Referral:
Second opinion:
Service area:
Specialist:
Standing referral:
Urgent care:
Yearly deductible:
Yearly out-of-pocket maximum: